

State Form 50399

## Application for a Wastewater Business Permit & Vehicle License

Send completed application to:

Solid Waste Permits Section Office of Land Quality PO Box 6015 Indianapolis, Indiana 46206-6015

Fax @ (317) 232-3403 or call @ (317) 232-8731 or @ (800) 451-6027 ext 2-8553 or 2-8731 or E-MAIL <u>imccurdy@dem.state.in.us</u>

#### Pursuant to IC 13-18-12 & 327 IAC 7.1

#### A FEE IS NOT REQUIRED For The Business Permit Or Truck License

Please print or type

1.	PERMIT NUMBER:	New	Renew	_Modification
2.	Business Name			
	Address			
	City, State, Zip			
	County			
	Telephone (area code) /	/		
3.	Owners Name			
	Address			
	City, State, Zip			
	Telephone (area code) /	/		
	SE BE ACCURATE WHEN FILLING CH SUPPLEMENTAL SHEET FOR A			
4.	VEHICLES TO BE LICENSED:			
(1)	Vehicle Number	(Assigne	d or to be assi	gned by IDEM)
	Make	Model _		Year
	Tank Capacity	Gallons		
	License Plate Number		State	

(2)			
	Make	Model	Year
		Gallons	
		State	
(2)	77 1 ' 1 NT 1		
(3)	Vehicle Number		Vacu
		Model	rear
		Gallons	
	License Plate Number _	State	
(4)	Vehicle Number		
	Make	Model	Year
		Gallons	
		State	
(5)	Vahiala Numban		
(5)	Vehicle Number	Model	Voor
	Tonk Consider	Collors	I eal
		Gallons	
	License Plate Number _	State	<del></del>
	OO NOT SU	BMIT THE APPL	ICATION
withou <u>I</u>		BMIT THE APPLI OUT THESE LETT	
Ι	WITHO	UT THESE LETT	ERS!
<u>I</u> 5. Dis	WITHO sposal methods, indicate	(A) Wastewater Treatment Plant	Yes No
<u>I</u> 5. Dis	WITHO	UT THESE LETT	ERS!
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	Yes No Yes No Yes No
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) NameAddress	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	Yes No Yes No Yes No
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) NameAddressCity, State, Z  (2) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	Yes No Yes No Yes No
<u>I</u>	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u>	witho sposal methods, indicate name all that are used.  (1) Name	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u> 5. Dis	witho sposal methods, indicate name all that are used.  (1) NameAddressCity, State, Z  (2) NameAddressCity, State, Z  (3) NameAddressAddressAddress	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	YesNo YesNo YesNo
<u>I</u>	WITHO sposal methods, indicate name all that are used.  (1) NameAddressCity, State, Z  (2) NameAddressCity, State, Z  (3) NameAddressCity, State, Z	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site  Zip  Zip	YesNo YesNo YesNo
<u>I</u> 5. Dis	WITHO sposal methods, indicate name all that are used.  (1) NameAddressCity, State, Z  (2) NameAddressCity, State, Z  (3) NameAddressCity, State, Z  (4) NameAddressCity, State, Z	(A) Wastewater Treatment Plant (B) Solid Waste Landfill (C) Land Application Site	Yes No Yes Yes No Yes No Yes

If this is a new business please list all potentially affected persons who may be affected by the issuance of this permit. Failure to identify all persons may result in the issued permit being challenged and rendered void.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Name	Name
Address	Address
City, State, Zip	City, State, Zip
THIS PAGE MU	ST BE SIGNED AND H THE APPLICATION  Title
	<u> </u>
Signature of Applicant	Date

It is recommended that your application be submitted via a carrier that has a tracking system of delivery. **DO NOT SUBMIT RENEWAL APPLICATIONS PRIOR TO JANUARY 1st OF THE RENEWAL YEAR!** 

### Administrative Orders and Procedures Act, IC 4-21.5

The Administrative Orders and Procedures Act requires that this agency give notice of its decision to the following persons:

- a) each person to whom the decision is specifically directed;
- b) each person to whom a law requires notice by given;
- c) each competitor who has applied to this agency for a mutually exclusive permit, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- d) each person who has provided this agency with a written request for notification of the decision;
- e) each person who has a substantial and direct proprietary interest in the issuance; or
- f) each person whose absence as a party in the proceeding concerning the decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance is so situated that the disposition of the matter, in the person's absence may:
  - 1) as a practical matter impair or impede the person's ability to protect that interest, or
  - 2) leave any other person who is a party to a proceeding concerning the issuance subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

The Administrative Orders and Procedures Act provides that this agency may request your assistance in identifying these persons. Please list all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify a person who is later determined to be potentially affected could result in voidance of the decision on procedural grounds. To ensure conformance with the Administrative Orders and Procedures Act and to avoid reversal of the decision, please list all such parties.

# ALL APPLICANTS MUST FILL OUT THIS DISCLOSURE STATEMENT AND RETURN IT WITH THEIR APPLICATION.

Offenses) or IC 36-9-30-35 (Solid waste collection and dispo		· ·			
	NO, YES, if please elaborate;	yes, when did this occur?,			
2.	Has the applicant's previous permit to operate been revoked under IC 13-15-7 (Revocation or Modification of Permits for Cause)?				
	NO, YES, if please elaborate;	yes, when did this occur?,			
3.	Does the applicant have a history of (Environment) or rules promulgated	f one (1) or more violations of IC 13 d by authority of IC 13?			
	NO, YES, if please elaborate;	yes, when did this occur?,			
4.		ne (1) or more administrative or judicial astewater management under 327 IAC 7.1 sly 327 IAC 7?			
	NO, YES, if please elaborate;	yes, when did this occur?,			
5.	Is the applicant subject to one (1) or more pending administrative or judicial enforcement actions commenced under IC 13 (Environment)?				
	NO, YES, if y	yes please elaborate;			
INF MA	ORMATION PROVIDED ABOVE	ABOVE IS TRUE AND ACCURATE. ANY THAT WAS KNOWINGLY INCORRECT O THE PENALTY FOR PERJURY			
Appl	icant/Responsible Party				